

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL
PARK SERVICE
PERIODIC CONCESSION EVALUATION REPORT
(Mountaineering Guide Services – Standard No. XXIII)

FORM 10-623 (Rev 5/85)

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

ELEMENTS/CLASSIFICATION
Check (Box) in space provided - applicable elements (APP.)
Check (Box) in space provided - those which are deficient (DEF.)

Element A. OPERATIONAL		APP.	DEF.	Element D. SAFETY		APP.	DEF.
1.	Employee Performance (A)			13.	Client Orientation (A)		
2.	Employee Attitude (A)			14.	Safety (A)		
3.	Employee Appearance (A)			Element E. ENVIRONMENTAL PROTECTION			
4.	Operating Hours (B)					APP.	DEF.
5.	Staffing (A)			15.	Camping/Sanitation (B)		
6.	Client/Guide Ratio (A)			16.	Climbing Ethics (C)		
7.	Backcountry Registration (A)			Element F. SERVICES			
Element B. RATES		APP.	DEF.	17.	Interpretation (B)		
8.	Authorized Rates (A)			18.	Food Services (A)		
9.	Posting of Rates (B)						
10.	Reservation and Deposit Refunds (B)						
Element C. OPERATIONAL		APP.	DEF.				
11.	Condition (A)						
12.	Adequacy (A)						
ITEM #	EVALUATION OBSERVATION					CORRECTED BY (Date)	CORRECTED BY (Date)
EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE	
INITIAL	A	B	C	Preliminary			
FOLLOW-UP				Final			
REMARKS :							